

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 551616  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	0		1			
3	0		1			
4	0		1			
5	0		4			
6	0		4			
7	0		0			
8	0		0			
9	0		0			
10	0		0			
11	0		0			
12	0		0			
13	0		1			
14	0		1			
15	0		1			
16	0		1			
17	1		1			
18	1		1			
19	2		2			
20	0		0			
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TOTAL IND.			2			
TOTAL DEP.			25			
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						